

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10716238 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	1					
5						
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11						
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13						
14						
15						
16						
17	1					
18		1				
19		1				
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22			1			
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32			1			
33	1					
34	1					
35	1					
36	1					
37	1					
38	3					
39	1					
40	1					
41	3					
42	3					
43	3					
44	3					
45	3					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	3					
TOTAL DEP.	51					
TOTAL CLAIMS	54					

51		1				
52		1				
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TOTAL DEP.						
TOTAL CLAIMS						